

Exhibit 5
After Action Report / Improvement Plan

Provider Name: _____ **Contract Number** _____

Instructions: The AAR/IP must be completed in full. If more than one exercise was conducted, please complete an AAR/IP for each. Please check all that apply.

Name of Exercise:

Check the top 4 Standing Threats and Hazards :

- ___ Flooding
- ___ Hurricane
- ___ Tropical Storms
- ___ Tornadoes
- ___ Lightening/Electrical Storms
- ___ Fire
- ___ Epidemics or other diseases
- ___ Insect or pest infestations
- ___ Drought
- ___ Other

Check here if real incident - a real incident must meet the requirements of the contract and the Level 1 Sub-Capabilities

Check the capabilities to be addressed:

- ___ Healthcare System Preparedness
- ___ Healthcare System Recovery
- ___ Emergency Operations Coordination
- ___ Fatality Management
- ___ Information Sharing
- ___ Medical Surge
- ___ Responder Safety and Health
- ___ Volunteer Management
- ___ Other

Type of Exercise:

- Full Scale Exercise
- Functional Exercise

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<input type="checkbox"/>	Regional Functional Exercise
<input type="checkbox"/>	Statewide Full-Scale Exercise
<input type="checkbox"/>	Statewide Functional Exercise
<input type="checkbox"/>	Sub-state Regional Functional Exercise
<input type="checkbox"/>	Sub-state Regional Full-scale Exercise
<input type="checkbox"/>	Real-Time Event <input type="checkbox"/> Other : _____

Check the Level 1 Sub-Capability priorities that were exercised as outlined in Attachment I

At-Risk Populations must be included in exercise design, planning & conduct:

- Were any members of At-Risk Populations or any association/organization representing At-Risk Populations part of the exercise planning and design?
- Was exercise conducted with the participation of At-Risk Populations, either real or simulated?

The following two Level 1 Sub-Capabilities were exercised:

- Partnership / Coalition Memorandum of Understanding (MOU)
- Interoperable communications

Two of the three Level 1 Sub-Capabilities listed below were exercised::

- Fatality Management; or
- Medical Evacuation/Shelter-in-Place; or
- Tracking of Bed Availability

Location of Incident: (Insert physical location)

Sponsor:

Exercise funded through Florida Department of Health ASPR Contract 2012-13

Date of Incident/Exercise: _____ **Start Time:** _____ **am** **pm**

End Time: _____ **am** **pm**

Duration of Incident/Exercise (days or hours):

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The information gathered in this AAR/IP is classified as [For Official Use Only (FOUO)] and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from [agency] is prohibited.

At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

Points of Contact: [List all points of contact below.]

[Hospital POC: if applicable]

Name
Title
Agency
Street Address
City, State ZIP
xxx-xxx-xxxx (office)
xxx-xxx-xxxx (cell)
e-mail

[Exercise Director:]

Name
Title
Agency
Street Address
City, State ZIP
xxx-xxx-xxxx (office)
xxx-xxx-xxxx (cell)
e-mail

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Provider Name: _____ **Contract Number** _____

Exercise Planning Team Leadership

Annual Training and Exercise Workshop:

Training & Exercise Workshop Conducted: Yes _____ No _____ NA _____

Reviewed and evaluated priorities based on needs, findings, and corrective actions of:

- _____ Exercises,
- _____ Real incidents,
- _____ Training,
- _____ Needs assessments
- _____ Improvement plans from previous exercises
- _____ Area(s) for improvement identified
- _____ Identified associated target capabilities
- _____ Other: _____

[The name of each member of the planning team leadership must be listed along with their role in the exercise, organizational affiliation, job title, mailing address, phone number, and e-mail address. Space will expand as you enter the information, if necessary.]

The exercise planning team discussed [include a brief overview of the major issues encountered, discussed, and resolved during the exercise planning process. Topics to address in this section could include the length of the planning process, the reasoning behind the planning team's choice of objectives based on the capability chosen to exercise, etc. Space will expand as you enter the information, if necessary.]

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Participating Organizations

Participating Agencies	
Check all participating agencies	<input type="checkbox"/> State Laboratory <input type="checkbox"/> Tribal
	<input type="checkbox"/> Other hospitals <input type="checkbox"/> CDC
	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Emergency Management
	<input type="checkbox"/> EMS (ground transportation, air ambulance, helicopters) <input type="checkbox"/> FEMA
	<input type="checkbox"/> Public Health/CHD <input type="checkbox"/> FBI
	<input type="checkbox"/> Dept. of Homeland Security <input type="checkbox"/> RDSTF
	<input type="checkbox"/> Other:

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Exercise Name: [same as name on page 1]
Scenario Type: [i.e., chemical, evacuation, etc.]
Scenario [For an operations-based exercise, this section should summarize the scenario or situation initially presented to players, subsequent key events introduced into play, and the time in which these events occurred. For a discussion-based exercise, this section should outline the scenario used and/or modules presented to participants]. Space will expand as you complete the summary, if necessary.

Start here:

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Provider Name: _____ **Contract Number** _____

Number of Participants:
Insert the total number of Provider participants of each of the following exercise participant categories:
Players -
Controllers -
Evaluators -
Facilitators -
Observers -
Victim Role Players -

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When rating the performance of the exercise please rate according to the description provided below.

Rating	Description
Performed without Challenges	Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers and it was conducted in accordance with applicable plans, policies, procedures, regulations and/or laws.
Performed with Some Challenges, but Adequately	Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers and it was conducted in accordance with applicable plans, policies, procedures, regulations and/or laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges	Tasks associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or, was not conducted in accordance with applicable plans, policies, procedures, regulations, and/or laws.
These ratings must be reflected in the Improvement Plan	

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Provider Name: _____

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I. Interoperable - Communications	Performed without challenges	Performed with some challenges	Performed with major challenges
Internal Communications:			
1. Implement initial response communications plans and protocols - Internal staff and management are informed of communications requirements and resources - Internal communications equipment, channels and protocols are activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here::			
2. Communicate incident response information per hospital protocols. - Timely, accurate and clear incident information passed to alert response teams to an emergency situation - Incident information relayed to hospital incident management command post - Incident information is logged and disseminated to communications staff, as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Implement procedures to protect information facility and communication network systems. - Facility is physically secure - Communications equipment is sheltered from weather and physical damage - Communications equipment is monitored and protected from malicious attacks, including cyber attacks - An equipment accountability system is established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What types of communications were used, including back up communication devices, and with which local/state partner did communication occur? (check all that apply)			
<input type="checkbox"/> 800 Mhz Radios Communicated with: _____ <input type="checkbox"/> Walkie – Talkies Communicated with: _____ <input type="checkbox"/> Telephone/Cell phones Communicated with: _____ <input type="checkbox"/> Web based Crisis Management Information System Communicated with: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Satellite phones Communicated with: _____ <input type="checkbox"/> Runners Communicated with: _____ <input type="checkbox"/> Computer/email/faxes Communicated with: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Med-8 System Communicated with: _____ <input type="checkbox"/> Ham Radios Communicated with: _____ <input type="checkbox"/> Other _____ Communicated with: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here:			

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I. Interoperable - Communications			
External Communications:			
5. Is this particular scenario listed in the Hospital's Emergency Management Hazard Vulnerability Analysis?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
6. Was a Public Information Officer (PIO) designated for the media?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
7. Was a Joint Information Center initiated? -If a Joint Information Center was initiated, provide time and location. Time established: Location:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Verified that all critical and redundant communication networks are functioning. -Communication networks are continually checked for quality, degradation or failure -Maintenance and repair are conducted	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Were communications, including the effectiveness of communication, both within the hospital as well as with response entities outside of the hospital such as local governmental leadership, police, fire, public health and other health care organizations with the community, adequate and effective?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Internal and External Communications Analysis

Analysis: (Based on your responses above, give any additional information that explains why you had problems. If an action was not performed adequately, give any additional explanation and be sure to include it on the Improvement Plan. (Space will expand as necessary.)

Start here:

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II. Fatality Management			
1. Does the hospital have a current Fatality Management Plan -Staff are knowledgeable of plan provisions and procedures	<input type="checkbox"/> Yes		<input type="checkbox"/> No
2. Staff is knowledgeable of plan provisions and procedures.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
3. Requested State (FEMORS) and Federal (DMORT) mortuary/morgue services through county emergency management.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
II. Fatality Management	Performed without challenges	Performed with some challenges	Performed with major challenges
4. Identified and allocated surge morgue resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Requested assistance for next-of-kin notification and collection of antemortem information through county emergency management. - Request appropriate personnel (i.e., behavioral health, psychologists, social services) - Contact county emergency management for use of facilities - Contact and coordinate with county or district medical examiner through county emergency - Physician has needed authority to issue death certificate management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here:			
6. Identified key hospital temporary morgue staff through Hospital Incident Command System (HICS) <input type="checkbox"/> Morgue supervisor <input type="checkbox"/> PIO <input type="checkbox"/> Safety officer <input type="checkbox"/> Liaison officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here::			
7. Provided primary care physicians with death certification authority - Staff identified for fatality surge - Brief responsibilities/parameters for death pronouncement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here::			

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II. Fatality Management	Performed without challenges	Performed with some challenges	Performed with major challenges
8. Mobilize medical examiner/coroner - Death certification authority activated - Situation report provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here:			
9. How long did it take to set-up functional temporary morgue facilities? - Determine temporary morgue location in coordination with county emergency management and county or district medical examiner.	Time to establish: Location:		
10. Gathered forensic evidence for fatality management operations (as required) - Maintain chain of custody - Document evidence - Evidence gathering is coordinated with Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Remains decontaminated - Adhered to appropriate decontamination procedures - Confirmed complete decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Human remains stored appropriately. - Held remains in appropriate environment to maintain preservation until autopsy can be performed – if required (ME office, locations with appropriate power, water an sufficient evaluation room) - Ensured appropriate refrigeration provided as required by ME guidelines- - Secure storage site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here:			

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II. Fatality Management			
13. Removed remains to temporary morgue. - Handled human remains in a respectful manner - Ensured safety of personnel - Documented remains - Ensured refrigeration adequate to needs	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Received remains at temporary morgue. - Tracked remains - Sheltered remains from public view	<input type="checkbox"/> Yes		<input type="checkbox"/> No
15. Were all remains tracked through temporary morgue?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
II. Fatality Management	Performed without challenges	Performed with some challenges	Performed with major challenges
16. Activated antemortem data collection activities. - Key staff available - Provided staff counseling - Met needs of victims and family of victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Established antemortem record repository and its housing facility. - Provided IT support - Ensured compatibility with other databases - Ensured database security - Backed-up electronic data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Established a Family Assistance Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Conducted collection of antemortem information within the Family Assistance Center (FAC). - Interview family - Secure information from general access - Properly dispose of paper copies per Federal, State or local security guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Implemented a balanced approach to address the needs of victims versus those families who have lost family members. - Provide medical support - Provide religious counseling - Provide social services (mental health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Packaged personal effects found with remains for return to next of kin (if possible). - Tracked personal effects - Decontaminated personal effects - Prepared documentation - Were personal effects tracked with appropriate remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			

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II. Fatality Management			
22. Was a communications system activated for general public to search for missing persons?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Fatality Management - Analysis

Analysis: (Based on your responses above, give any additional information that explains why you had problems. If an action was not performed adequately, give any additional explanation and be sure to include it on the Improvement Plan. (Space will expand as necessary.)

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<p>III. Partnership/Coalition Memorandum of Understanding Conduct pre-event mitigation and preparedness plans, policies, and procedures including Partnership/Coalition Memorandums Of Understanding (MOUs) prior to notification of mass casualty incident.</p>			
<p>1. The Hospital Medical Surge Plan is based on a Vulnerability Analysis (HVA) that: - Identifies hazards that could affect hospital operations and the relative likelihood of each hazard's occurrence ("threat") - Assesses both the community and hospital susceptibility to the hazard impact, including the post-impact health and medical needs of the population - Identifies issues that create catastrophic system failure - Prioritizes possible mitigation and preparedness activities based on cost-benefit analysis - Conducts an assessment of hospital and community surge capacity - Identifies alternative medical treatment sites (AMTS)and sources of surge staffing</p>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<p>III. Partnership/Coalition Memorandum of Understanding Conduct pre-event mitigation and preparedness plans, policies, and procedures including Partnership/Coalition Memorandums Of Understanding (MOUs) prior to notification of mass casualty incident.</p>	<p align="center">Performed without challenges</p>	<p align="center">Performed with some challenges</p>	<p align="center">Performed with major challenges</p>
<p>2. Determined medical surge assistance requirements. - Identified potential gaps in personnel, supplies, and equipment - Identified county, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space - Coordinated with County, State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			
<p>3. Developed plans for providing external surge capacity outside the health care facility setting. - Identified off-site or AMTS facilities to provide surge capacity - Determined the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site - Developed staffing, supply, and re-supply plans</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			

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III. Partnership/Coalition Memorandum of Understanding Conduct pre-event mitigation and preparedness plans, policies, and procedures including Partnership/Coalition Memorandums Of Understanding (MOUs) prior to notification of mass casualty incident.	Performed without challenges	Performed with some challenges	Performed with major challenges
<p>4. Forward transported less acutely ill patients.</p> <ul style="list-style-type: none"> - Activate memorandums of understanding (MOUs) with other medical and health care organizations for transport and care of patients that are not stable enough to discharge. - Institute protocols to discharge stable inpatients to home or other medical or health care facilities - Implement transport procedures to pre-identified facilities based on level of care required 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			
<p>5. Provided medical surge capacity in alternate care facilities.</p> <ul style="list-style-type: none"> - Activated MOUs or agreements to open alternate care facilities - Activated appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			
<p>6. Augmented non-clinical staffing.</p> <ul style="list-style-type: none"> - Initiated call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.) - Activated MOUs for non-clinical staff (if applicable) - Activated processes to receive, process, and manage non-clinical staff throughout the incident 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			
<p>7. Established initial reception and triage site.</p> <ul style="list-style-type: none"> - Identify location(s) for initial patient reception and triage - Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer) - Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:</p> <p>Start here:</p>			

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III. Partnership/Coalition Memorandum of Understanding Conduct pre-event mitigation and preparedness plans, policies, and procedures including Partnership/Coalition Memorandums Of Understanding (MOUs) prior to notification of mass casualty incident.	Performed without challenges	Performed with some challenges	Performed with major challenges
8. Executed medical mutual aid agreements. - Identified additional needed medical supplies, equipment, and other resources needed to meet surge requirements - Identified needed health care professionals - Coordinated requests for mutual aid support with county emergency management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here:			

Partnership/Coalition Memorandum of Understanding Analysis

Analysis: (Based on your responses above, give any additional information that explains why you had problems. If an action was not performed adequately, give any additional explanation and be sure to include it on the Improvement Plan. (Space will expand as necessary.)

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IV. Medical Evacuation/Shelter-in-Place			
1. Does the Hospital have an existing Evacuation/Shelter-in-Place Plan.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
2. Was evacuation necessary? If yes, check evacuation type and provide start and end times below. <input type="checkbox"/> Evacuation horizontal <input type="checkbox"/> Evacuation vertical <input type="checkbox"/> Evacuation of entire building Time Started: _____ Time Ended: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
3. If evacuation was necessary, was the hospital evacuation plan followed?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
4. If evacuation was necessary, was it done in a timely manner?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
IV. Medical Evacuation/Shelter-in-Place	Performed without challenges	Performed with some challenges	Performed with major challenges
5. Evacuation order issued – Coordinated with IC and county emergency management Evacuation order issued in a timely manner Time order issued: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identified and mobilized appropriate personnel. – Support staff and assignments identified – Staff were briefed on plan of action staff are mobilized as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Identified evacuation support resources that were required along evacuation routes (fuel, medical, tow trucks, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed with challenges <u>briefly</u> describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why: Start here:			

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IV. Medical Evacuation/Shelter-in-Place			
8. Evacuation support staff mobilized with appropriate equipment	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Provided instructions for evacuations. <ul style="list-style-type: none"> - Detailed instructions were provided in multiple languages in accordance with hospital patient population - Informed public of hospital evacuation, timing, and final destination of patients 	<input type="checkbox"/> Yes		<input type="checkbox"/> No
IV. Medical Evacuation/Shelter-in-Place			
10. Identified evacuee pickup points. <ul style="list-style-type: none"> - Number of evacuees needing transportation was estimated and communicated to county emergency management Locations specified where evacuees were to be picked-up and communicated to county emergency management Internal hospital pickup locations and times were identified and communicated to evacuation support staff.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
11. Notified receiving shelter facilities of the following: <ul style="list-style-type: none"> - Number of evacuees estimated - Number and conditions of high risk patients and evacuation priority - Shelter sites selected based on evacuation routes, time available, and medical services needed 	<input type="checkbox"/> Yes		<input type="checkbox"/> No
IV. Medical Evacuation/Shelter-in-Place			
12. Shelter-in-place order issued. <ul style="list-style-type: none"> - Coordination with IC and county emergency management Shelter-in-place order issued in a timely manner Provide time affected hospital patients and staff were notified of shelter-in-place order: _____ Provide time affected population were notified of initial shelter in-place protection procedures: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Identified and mobilized appropriate personnel. <ul style="list-style-type: none"> - Support staff and assignments were identified - Staff were briefed on plans of action staff was mobilized as needed 	<input type="checkbox"/> Yes		<input type="checkbox"/> No

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IV. Medical Evacuation/Shelter-in-Place			
14.	Communicated instructions for shelter-in-place procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
–	Coordinated with county emergency management and inform them of status		
–	Secured hospital perimeter and lock down services as needed		
	Instruct patients and staff of shelter-in-place procedures and general nature of the hazard.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RE-ENTRY INTO FACILITY OR TRANSFER TO ORIGINAL LOCATION			
15.	Developed a re-entry plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
–	Reentry plan addresses any reunification issues		
	Reentry plan based on applicable scenarios in the Hospital Evacuation Plan		
16.	Implemented re-entry plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
–	Re-entry coordinated with supporting agencies		
–	Checkpoints identified		
	Appropriate public safety measures taken		
17.	Assist in the re-entry of patients into evacuated areas when appropriate and safe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
–	Appropriate transportation was available for those returning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	High risk patients were provided appropriate transportation and medical assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical Evacuation/Shelter-in-Place - Analysis

Analysis: (Based on your responses above, give any additional information that explains why you had problems. If an action was not performed adequately, give any additional explanation and be sure to include it on the Improvement Plan. (Space will expand as necessary.)

Start here:

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V. Tracking of Bed Availability			
1. Does the Provider have the capability to report bed availability?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
2. Was this capability exercised?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
3. Provider established mechanisms to aggregate and disseminate bed tracking information to county and State EOCs, other healthcare partners and other response entities. - Maximized utilization of available beds	<input type="checkbox"/> Yes		<input type="checkbox"/> No
4. Was the internal/external bed tracking system utilized and aligned with the Hospital Available Beds in Emergencies and Disasters (HAVBED) requirements and definitions?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5. Is the Provider's Bed Tracking System HAVBED?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
6. If Bed Tracking System is not HAVBED, Provider's System is compatible with State's HAVBED web portal and was able to transfer information on required Hospital Identification Information and available beds by type.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
7. Provider's Bed Tracking System is able to report aggregate State level data to the HHS SOC at least twice daily during emergencies. -The frequency of data required from the Provider is dependent on the incident. - Ideally, all institutions would enter data at the same time on similar days in order to reduce variability due to daily and weekly fluctuations in bed capacity.	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Tracking of Bed Availability - Analysis

Analysis: (Based on your responses above, give any additional information that explains why you had problems. If an action was not performed adequately, give any additional explanation and be sure to include it on the Improvement Plan. (Space will expand as necessary.)

Start here:

Exhibit 5
After Action Report / Improvement Plan

Provider Name: _____ **Contract Number** _____

Exercise Events Summary & Conclusion:

INSTRUCTIONS: This section must summarize what actually happened during the exercise in a **timeline format**. i.e., the actions that were actually presented to the players and the actions the players took during the exercise). **Provide a conclusion** describing the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus.

Start here:

Exhibit 5
After Action Report / Improvement Plan

Provider Name: _____ **Contract Number** _____

Major Strengths

INSTRUCTIONS: The major strengths identified during this exercise must be stated here. Provide **at least 3 strengths** using the **SMART format** (specific, measurable, achievable, realistic, and time-framed) and use complete sentences to describe each one.

Start here:

Primary Areas for Improvement (Must be included in Improvement Plan)

INSTRUCTIONS: The primary areas for improvement identified during this exercise must be stated here. Provide **at least 3 primary areas for improvement** using the **SMART format** (specific, measurable, achievable, realistic, and time-framed) and use complete sentences to describe each one.

Start here:

Exhibit 5
After Action Report / Improvement Plan

Provider Name: _____ Contract Number _____

<u>VI. After Action Report (AAR) Improvement Plan Matrix</u>							
Capability	Corrective Action Title	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
1: Capability Name]	1. Insert Observation from Primary Areas for Improvement	1. Insert Recommendation	Insert Corrective Action				
2. Capability Name	2. Observation from Primary Areas for Improvement	2. Insert Recommendation					
3. Capability Name	3. Observation from Primary Areas for Improvement	3. Insert Recommendation					